

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant(s)

10/575318

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					51						
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48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓		↓						
TOTAL DEP.	2		←		←		←		↓		↓		↓
TOTAL CLAIMS	3		████████		████████		████████		████████		████████		████████